

# 1915(c) I/DD WAIVER UPDATE

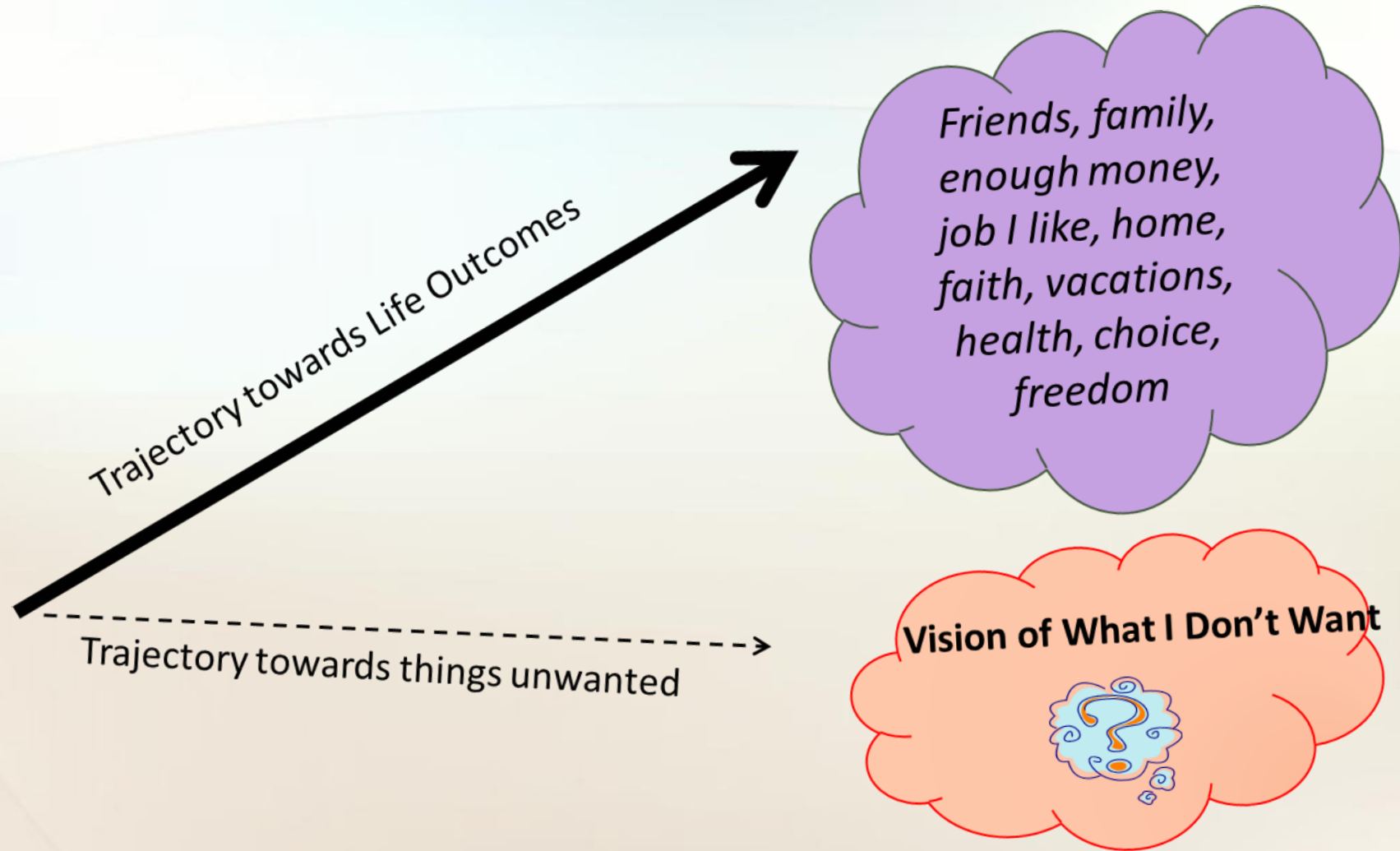
ALL PROVIDER TRAINING

JUNE 15, 2017

# What We Will Discuss

- Possibilities Now!
- DDD Communication Plan
- Review of Phase-In
- Changes by Service
  - What is changing?
  - Authorization
  - Supervision
  - Documentation
- New Codes/Modifiers and Rate Sheets
- Monitoring
- General Timelines and Products
- Future Topics for Training

# Toward a good life in the community



# VISION FOR THE SYSTEM

**HCBS Final Rule**

**Federal expectations for inclusion**

- Most integrated settings
- Person Centered planning
- My Choice, My Way transition plan

**Person Centered Practices**

**Improving flexibility & choice**

- Supports Intensity Scale (SIS)
- Person centered thinking
- LifeCourse tools
- National Core Indicators (NCI)

**HCBS Waiver Services**

**New services to support community access**

- Community Learning Service
- Individual Employment Supports
- Career Planning

**Supporting Families**

**Improving supports to families**

- National CoP resource
- Role of families
- Across the life span
- Life domains
- Integrated supports



Possibilities Now!

FULL LIFE IN THE  
COMMUNITY

# DDD Communication Plan

- Materials being developed and will be distributed
  - Provider Transmittal Memos on specific services and topics
  - Letters to participants and families
  - Communication to case managers

# Amendment #1

- CMS approved the waiver amendment with an effective date of June 1, 2017. Changes will start happening in July based on the ISP plan year and cohort.

# Cohorts

- **Cohort 1** = participants who live in licensed or certified homes; they will have the Supports Intensity Scale assessment during FY18 (July 1, 2017 through June 30, 2018).
- **Cohort 2** = participants who live in family or own home and attend ADH; they will have the Supports Intensity Scale assessment during FY19 (July 1, 2018 through June 30, 2019).
- **Cohort 3** = all remaining participants; they will have the Supports Intensity Scale assessment during FY20 (July 1, 2019 through June 30, 2020).

# SIS and Tiers

- The timing of the SIS is based on the cohort.
- The SIS is used to identify the participant's level of support needs. The SIS level of support needs determines the rate tier to authorize for certain services.
- What happens in FY18 if the participant isn't in Cohort 1?
  - At the ISP plan date in FY18, if the service currently has Level 2, it will convert to Tier 2 until the SIS assessment with the cohort year.
  - ex/ John is authorized for ADH Level 2. At the ISP in August 2017, he will be authorized for ADH Tier 2 and provider will start billing under new code/modifier for new rate. After getting his SIS in FY19, the tier may change.

# Resources

2 helpful documents are available on the DOH DDD website  
<http://health.hawaii.gov/ddd/>

1. Phase-In Timing for New Rates, by Services and 'Cohort'
2. Highlights of Changes related to the I/DD Waiver Amendment and Rate Study

# Services

- What is changing?
- When will the change happen?
- Authorization
- Supervision
- Documentation

# Monitoring

- Change takes time and effort to figure out the operational pieces
- Monitoring of providers will be adjusted to support providers transformation
  - Still have to do the monitoring on approximately same schedule
  - Still have to collect data for the measures required by DHS-MQD to report to CMS
  - Will not be expecting to see all the changes done by July 1
  - Will be looking for positive changes and moving toward reaching new Standards requirements in FY18

# Community Learning Services (CLS)

## Why the change?

- This new service will focus on the activities and supports delivered only in the community and allows for data collection by where the service is delivered.
- It is intended to support the participant to
  - Acquire, retain or improve social valued roles
  - Develop and maintain friendships
  - Independently use community resources
  - Develop adaptive and leisure skills & hobbies
  - Exercise civil rights and self-advocacy skills required for active community participation
  - Achieve his or her good life

# Community Learning Services (CLS)

## What is Changing?

- This is a new service. It was added in the amendment.
- CLS is done in integrated settings, not in the home or ADH.
- CLS-Individual (CLS-Ind) will be used in place of Personal Assistance/Habilitation (PAB) that has been done in the community.
- CLS-Group (CLS-G) will be used in place of Adult Day Health (ADH) community-based outings and activities.

# Community Learning Services (CLS)

## What is Changing?

- CLS-Ind: This is primarily used for 1:1.
  - There are no tiers in CLS-Ind
  - Additional rates for multiple staff with a participant
  - Additional rates for RBT with a participant.
- CLS- G: The ratios for staff to participants is lower in order to support very small groups of participants who want to share a common interest or activity.
  - CLS-G Tier 1 is 1:3
  - CLS-G Tier 2 is 1:2
  - CLS-G Tier 3 is 2:3 (the ratio is 1:1.5)

# Community Learning Services (CLS)

## When will the change happen?

- At the participant's ISP between July 1, 2017 and June 30, 2018, the participant can choose CLS.



# Community Learning Services (CLS)

## Authorization

### CLS-Individual:

- At the participant's ISP between July 1, 2017 and June 30, 2018, the participant and circle of supports will determine the amount of CLS.
- If the participant currently has PAB, the new authorization will include an estimate of hours previously under PAB (community) into CLS-Ind
- Authorizations will be for a year, not month-by-month to give participants more flexibility in how to use service hours.

# Community Learning Services (CLS)

## Authorization

### CLS-Group:

- At the participant's ISP between July 1, 2017 and June 30, 2018, the participant and circle of supports will determine the amount of CLS.
- If the participant currently has ADH, the new authorization will include an estimate of hours previously under ADH (community outings) into CLS-G.
- CLS-G, in combination with ADH, is limited to 1560 hours annually (this is an average of 30 hours per week).
- Authorizations will be for a year, not month-by-month to give participants more flexibility in how to use service hours.

# Community Learning Services (CLS)

## **Supervision**

- Use Standards B for supervision requirements.
- Supervision requirements are the same for CLS-Ind and all CLS-G tiers.
  - Bachelor's Degree or higher
  - All other General Standards Requirements in Table 2.2-1

# Community Learning Services (CLS)

## **Documentation**

- Staff will be required to have specialized training. DDD will partner with providers and self-advocates to develop base training topics and assist in identifying resources.
- See Standards B for documentation requirements

# Personal Assistance/Habilitation (PAB)

## What is Changing?

- PAB will be used for services provided in the participant's family or own home
- In licensed and certified residential homes, PAB will convert to ResHab. PAB will not be provided to participants in ResHab settings after their ISP.
- PAB will not have levels or tiers
- Adding new rates and codes for a staff with two participants in the same home, such as siblings or roommates

# Personal Assistance/Habilitation (PAB)

## **When will the change happen?**

- For Cohort 1, PAB will change to ResHab with the participant's ISP in FY18 (between July 1, 2017 and June 30, 2017).
- For Cohort 2 and 3, during FY18, there are no changes to PAB. This means providers use current codes and rates
- For Cohort 2 and 3, PAB changes to no tier with new fee schedule (the new rates and codes) occurs in their SIS year. All PAB transition will be complete by June 30, 2020.

# Personal Assistance/Habilitation (PAB)

## Authorization

- Cohort 1: The case manager will authorize Residential Habilitation (ResHab) at the daily rate. PAB in a licensed or certified home will end.
- Cohort 2 and 3: At the participant's ISP between July 1, 2017 and June 30, 2018, the participant and circle of supports will determine the estimated amount of in-home PAB and the amount of CLS.
- Authorizations will be for a year, not month-by-month to give participants more flexibility in how to use service hours.

# Personal Assistance/Habilitation (PAB)

## Supervision

- Use Standards A for PAB supervision requirements until the participant's ISP in their SIS cohort year. Current supervision standards will be used but Standards will use the term “tier” instead of “level”.
- Use Standards B for PAB supervision requirements after the participant's SIS assessment in either FY19 or FY20 for supervision requirements.

# Personal Assistance/Habilitation (PAB)

## **Documentation**

- See Standards A for documentation requirements
- These are located at the end of each service description in the table.

# Adult Day Health (ADH)

## What is Changing?

- ADH will be used in combination with CLS-G to make up a set of services that are flexible and offer both center-based and community-based services.
- Staffing ratios will change to accommodate smaller group opportunities in CLS-G, so the maximum staffing ratio in the center-based ADH will increase to 1:6
- ADH providers will not be required to provide lunch

# Adult Day Health (ADH)

## **When will the change happen?**

- At the participant's ISP in FY18, ADH will change to the new fee schedule (new 15-min code and rates)
- Cohort 1: any change in tier will also happen in FY18
- Cohort 2 and 3: ADH tier will stay the same as current until the SIS assessment in either FY19 or FY20, then tier may change

# Adult Day Health (ADH)

## Authorization

- At the participant's ISP between July 1, 2017 and June 30, 2018, the participant and circle of supports will determine the estimated amount of ADH (center-based) and CLS-G (community-based) services.
- The new authorization will include an estimate of hours previously under ADH (community outings) into CLS-G.
- CLS-G, in combination with ADH, is limited to 1560 hours annually (this is an average of 30 hours per week).
- Authorizations will be for a year, not month-by-month to give participants more flexibility in how to use service hours.

# Adult Day Health (ADH)

## Supervision

- Use Standards A until the participant's ISP in FY18
- Use Standards B thereafter.
  - The service supervision standards will change to a Bachelor's degree and general standards found in Table 2.2-1.
  - The ADH tiers will not be connected to a nurse or behavior analyst as the service supervisor.
  - Use Training & Consultation for oversight & training if the participant has nurse-delegated tasks or formal behavior support plan developed by a licensed behavior analyst.

# Adult Day Health (ADH)

## **Documentation**

- Providers should start completing the Interest Inventory with participants.
- Interest Inventory is posted on the ddd website in the Appendices. It is Appendix 9-A

# Residential Habilitation (ResHab)

## **What is Changing?**

- All participants living licensed or certified homes are eligible to receive habilitative services under ResHab
- ResHab will replace PAB in the home. CLS-Ind will replace PAB in the community. Participants living in licensed or certified homes will not receive PAB.
- ResHab is a tiered service based on the participant's level of support needs and the size of the home (# of licensed or certified beds)
- There are two models of ResHab: Agency Owned/Operated and Shared Living

# Residential Habilitation (ResHab)

## When will the change happen?

- At the participant's ISP in FY18 (between July 1, 2017 and June 30, 2018).



# Residential Habilitation (ResHab)

## Authorization

- The case manager will authorize daily ResHab
  - Authorization includes two factors:
    1. the tier based on the participant's SIS level of support needs
    2. the size of the home. This is the number of beds the home is licensed or certified to provide, not the occupancy. The provider should be prepared to give the case manager this information.
- CLS-Ind may be authorized to support the participant to pursue community-based activities that are not part of the family's routine household activities and functions.
  - Note that anyone who lives in the household cannot be the CLS-Ind provider.

# Residential Habilitation (ResHab)

## **Supervision**

### Agency Owned/Operated:

- Use Standards B for supervision requirements.

# Residential Habilitation (ResHab)

## **Monitoring & Oversight**

### Shared Living:

- The provider does not supervise the day-to-day activities of independent contractors but is responsible for assuring that waiver standards are met through monitoring & oversight.
- Use Standards B for requirements.

# Residential Habilitation (ResHab)

## **Documentation**

- Use Standards B for documentation requirements

## Additional Residential Supports

- This is a new service that may be available for participants who have additional needs. It is time-limited.
- The waiver amendment has the service definition and Standards B will outline the authorization and documentation requirements.
- This service will require prior authorization and on-going authorizations by DDD supervisory personnel.

# Training & Consultation – Registered Nurse

## Why the change?

- Services will not have tiers that are determined by nurse-delegated tasks.
- RN training and skills verification may be needed by participants in any tiered or non-tiered service.

# Training & Consultation – Registered Nurse

## What is Changing?

- T&C – RN will be authorized when a participant has an identified need for nurse-delegated tasks to be performed by staff during waiver service hours.
- RN will not be required to be the service supervisor for services like PAB, ADH and CLS.
- There will be a transition period where some services still need RN service supervision until the participant's cohort year with SIS assessment.

# Training & Consultation – Registered Nurse

## When will the change happen?

- At the participant's ISP in FY18, some services will no longer require the RN service supervisor and T&C-RN may be authorized.
- More detail on the transition will be included in Standards B.



# Training & Consultation – Registered Nurse

## **Authorization**

- Guidelines will be developed for case managers to determine the number of hours of T&C – RN to be authorized within a specified time period.

# Training & Consultation – Registered Nurse

## **Documentation**

- The RN will develop the nurse delegation plan
- Use Standards B for documentation requirements

# Respite

## **What is Changing?**

- Respite will primarily be an hourly service.
- There is a daily respite service limited to being delivered in certified or licensed settings.
- The annual limit is 760 hours.

# Respite

## **When will the change happen?**

At the participant's ISP in FY18, between July 1, 2017 and June 30, 2018.



# Respite

## **Authorization**

- The case manager will authorize the annual amount of respite up to 760 hours per year.
- This enables the participant and family to have flexibility in determining how to use the respite hours throughout the year for short periods or to take a vacation.

# Discovery & Career Planning/ Employment

- DDD has been providing a number of training opportunities and is working closely with providers who are interested in building their capacity to provide these important services.
  - All neighbor islands have had at least one visit.
  - 4 trainings being held on Oahu in the next few weeks.

# New Codes/Modifiers & Rate Sheets

- Thank you to all providers for completing the “Blue/Gold” sheets to determine which services will be approved in your service array.
- Training – Conduent and DDD will host training on June 26<sup>th</sup> by webinar on billing and claims
- There are a lot of new codes and modifiers to be able to bill different rates for Big Island and for all the different tiers or staffing combinations.
- The General Code/Modifier and Rate sheet is finished.
  - Will be emailed to providers in the next couple of days.
- DDD is finishing the provider-specific rate sheets.
  - Will be emailed to individual providers by the end of the month.

# General Timelines & Products

- Dates are tentative
- By end of June
  - Post Standards B in Draft
  - Issue provider-specific rate sheets and Billing Instructions
  - Issue provider transmittal memos re:
    - 1) ADH and CLS-G
    - 2) Residential Habilitation
- By end of July
  - Finalize Standards A&B
  - Issue provider transmittal memos on other services

# Future Training Topics

- Positive Behavior Supports and Restrictive Interventions
- Adverse Event Reporting
- Community Learning Services
- Standards B
- Others to be determined based on feedback from stakeholders

# Questions

Email questions to:

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